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Bib Data Sheet

CONFIRMATION NO. 8340

SERIAL NUMBER 09/921,803	FILING OR 371(c) DATE 08/03/2001 RULE	CLASS 187	GROUP ART UNIT 3652	ATTORNEY DOCKET NO. OT-4812	
APPLICANTS Hugh James O'donnell, Longmeadow, MA; John Peter Wesson, Vernon, CT; Christoph Denger, Kuesten, GERMANY; David E. McKee, Somers, CT;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
ADDRESS 026096					
TITLE Elevator belt assembly with waxless coating					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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ADDRESS 26584					
TITLE Elevator belt assembly with waxless coating					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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** CONTINUING DATA ***** NONE (TVT)					
** FOREIGN APPLICATIONS ***** NONE (TVT)					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>TVT (4/21/03)</u> Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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